

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90256 039 \*\*\*\*61.25

UBR0302

**DOCUMENT # N02000006419**

1. Entity Name  
**GRACE COMMUNITY BAPTIST CHURCH OF GILCHRIST COUN  
TY, INC.**



Principal Place of Business      Mailing Address  
**89 NE 112TH PLACE**      **89 NE 112TH PLACE**  
**BRANFORD FL 32008**      **BRANFORD FL 32008**



2. Principal Place of Business      3. Mailing Address  
**1579 NE 100 ST**      **P.O. Box 845**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State      City & State  
**Gilchrist Cty FL**      **Branford FL**

Zip      Country      Zip      Country  
**32008**      **Gilchrist**      **32008**      **Gilchrist**

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, ROBERT LEE**  
**89 NE 112TH PLACE**  
**BRANFORD FL 32008**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCPHEARSON, TARIE</b>	
STREET ADDRESS	<b>9909 NE 7TH COURT</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FINOCHIO, JUANENE</b>	
STREET ADDRESS	<b>900 NW CR 138</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, BUDDY</b>	
STREET ADDRESS	<b>PO BOX 714</b>	
CITY-ST-ZIP	<b>BELL FL 32619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, ROBERT L</b>	
STREET ADDRESS	<b>89 NE 112TH PLACE</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change
NAME	<b>James Simcoe</b>	
STREET ADDRESS	<b>10890 NW 5th Ave</b>	
CITY-ST-ZIP	<b>Branford FL 32008</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Lee Phillips**      4/29/03      386 935 0284

CR2E037 (10/02)